



REGISTERED HEALTHCARE YOUTH APPRENTICESHIP STUDENT APPLICATION



KAIZEN TECHNOLOGIES, INC.
1 Lincoln Highway, Suite#10 Edison, NJ- 08820



Youth Apprenticeship Application Packet Checklist

(Incomplete applications will **not** be forwarded to hiring companies and will delay your application process.)

A complete application packet should consist of the following:

- The Youth Apprenticeship Application Form

- A resume, which includes:
 - Education (including any courses and/or training you have completed that support your qualifications for the Youth Apprenticeship Program)
 - Awards and honors
 - Extracurricular activities (for example, sports, clubs/organizations, community activities)
 - Any employment information
 - Volunteer work/community service
 - Interest and skills
 - A completed Student Understanding of Youth Apprenticeship Commitment Form

- A completed Parent Information Certification and Release Form

The Kaizen Technologies Youth Apprenticeship program does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities.

Student Application

Area of Interest (check one)

Medical
Administrative Asst.

Medical
Assistant

Nurse's
Assistant

Certified Home
Health Aide

Community
Health worker

Dental Assistant EMT

Student Name (last, first, middle) _____

Home address: _____ **City:** _____ **State:** ____ **Zip:** ____

Home Phone: _____ **Cell:** _____ **OK to receive text messages**

Email Address: _____

Current Grade: _____ **Anticipated High School Graduation year:** _____

Ethnicity: American Indian or Alaska Native, Asian African American Native American

Hawaiian or Other Pacific Islander, White Chose not to answer Hispanic or Latino Not

Hispanic or Latino Chose not to answer

Do you have a physical or mental impairment that substantially limits one or more of the person's major life activities? Yes No

Date of Birth _____ **(All Youth Apprentices must be 18 years of age or older)**

Social Security Number _____

Gender Male Female Other

As a Kaizen Youth Apprentice, I agree to:

- Maintain the academic and attendance requirements required by the Youth Apprenticeship Partnership, my school, and my work site
- Observe company and school rules and other requirements identified by the employer; and
- Participate in progress reviews scheduled with mentors, school personnel and parent(s) or guardian(s).

Student Signature _____

Date _____

Parent Signature _____

Date _____

For Administrative Use Only:

Occupation code: _____ Starting wage: _____ Starting date: _____

Unique identifier listed in the Employer tab for the Apprentice's Occupation _____

Employment status (circle 1) NE - New Employee in field EE - Existing Employee in field

Services received:

Support Services Y/N _____ RTI Support services Y/N _____ Financial Assistance Y/N _____

Description of the other supportive services received _____

Amount received: \$ _____

STUDENT UNDERSTANDING OF YOUTH APPRENTICESHIP TIME COMMITMENT

I understand that a Youth Apprenticeship requires a time commitment beyond that of a typical high school student. I will be asked to provide my work site with specific hours and days that I will be available to work. I understand that timely communication with my work site mentor regarding unplanned changes in my personal schedule is extremely important.

Below is a list of the other extracurricular activities (sports, musical, band, etc.) in which I plan to participate as well as a summarized timeline for each activity. I am providing as much information as I have available and being as specific, regarding activities and timelines, as I possibly can at this time.

Sport or Activity	General Timeframe (months)	Expected Time of Day/Hours for Practice and/or Competition
Example: Football	August through November	Practice every day from 3-7pm, game every Friday
Example: Musical	February through April	Rehearsal MWF from 5-9 pm, performances on Thursday through Sunday, April 6-9

Summer Vacations or Obligations Planned:

Example: I am going on a family vacation from July 1-8 and am attending camp from August 10-16

A Youth Apprentice must complete a specific number of work hours during the year based on your course, which usually includes summer work scheduling.

PARENT INFORMATION CERTIFICATION AND LEASE FORM

To company Youth Apprenticeship Program Application

I. PARENT INFORMATION (Please have the following information completed by one of the below individuals) Please Print!

Father's name _____

Daytime Phone _____

Mother's name _____

Daytime Phone _____

Guardian's name _____

Daytime Phone _____

Name and address of person with whom student resides: _____

Parent's address, if different than student's address: _____

II. PARENT CERTIFICATION AND RELEASE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if my student is selected for the Youth Apprenticeship Program, falsified statements may be grounds for removal.

Parents Initials _____

I authorize investigation of all statements contained herein and the references listed in this application and all information concerning previous employers and release all parties from liability for any damage that may result from furnishing those to you.

Parents Initials _____

I understand that all tuition/fees/textbook costs for any college coursework at NTC not covered by the school district or work site but required for my child during his/her youth apprenticeship program will be my family's responsibility.

Parents Initial _____

I understand that, any time the work site agrees to pay for costs related to a required college course, it is with the understanding that my child passed the course and any certification testing required for working in the specific industry. Otherwise, the related costs will be my family's responsibility.

Parents Initial _____

I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the Youth Apprenticeship program for which my child wishes to apply.

Parents Initial _____

I authorize the release of transcripts of grades and attendance record for the program only.

Parents Initial _____

I authorize the Youth Apprenticeship Coordinator the use of written or oral testimonials and photographs and/or videotapes with my child's image in Youth Apprenticeship and Kaizen Technologies publications and/or news releases.

Parents Initial _____

I understand that I am solely responsible for the transportation of the undersigned student to and/or from the classroom or the work site and for all loss involved in said transportation.

Parents Initial _____

I certify that the student has a valid driver's license and adequate car insurance (*necessary only in those cases where student will be driving to work site.*)

Parents Initial _____

Student Signature: _____ Date _____

Parent/Guardian Signature _____ Date _____